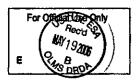
U.S. Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

	[
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Eugene C Rome Jr.	Name IU.P.A.T. LOCA UNION \$676		
	Labor Organization File Number 606-685		
PO Box Bldg Room No if any	PO Box Building and Room Number If any P.O.Box 3157		
Street 2306 Glenn Street	Street		
city Bettendorf	City Dakenport		
State T. A ZIP Code + 452722-3820	*I		
5 Position in labor organization Retired Bissiness Ma	wager - Trustee For welfore Plan Fund		
Enter appropriate data below if during the past fiscal year you or your sp (except as specified in the exc	ouse or minor child directly or indirectly had any of the following interests iusions set forth in the instructions)		
A. Held an interest in engaged in transactions (including loans) with or monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of		
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income		
Name			
Trade Name If any			
P O Box Bldg Room No if any	7 b Amount.		
Street			
City			
State ZIP Code + 4	7		
Sale Land Land Land Land Land Land Land Land			
Signature 45. Claustons and welffeeting. The understand dealers a under penalty of Darium and other applicable penalties of the law, that all of the information			
15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)			
Signed Eugene C. Rome, Jr.	On 5/12/06 563-355-7577 Date Telephone Number		
Form LM-30 (2003)	Page 1 of 2		

Eugene C. Kome, Tr.		The Number O	
B Held an interest in or derived income or economic be nefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your tabor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name Trade Name if any P O Box Bidg Room No if any Street City ZIP Code 1 4	9 Business deals with a. Labor Organiza b. Trust c. Employer	aficn	
10 If 9.b. or 9 c. is checked give trust or employer's name. Name Ilinois State Painters Welfare Fund Trade Name if any: PO Box, Bldg. Room No. if any Suite 200 Street 1000 Burr Bidge Parkway City Burr Ridge. State IL ZIP Code 460527-0845	11 b. Approximate dollar val. 11 b. Approximate dollar val. 12 a Nature of Interest he TLLINOIS STATI Sheraton Chicago Trustee, Euge. of 3-3-05 w. ON 3-4-05. 12 b. Amount.	ue of such dealing. Id or income received a Painters welf a go Hote, 301	E Northwater
C Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name if any P O Box, Bldg. Room No. If any Street City State ZIP Code 4 4	14 a. Nature of payment.		
13 b Is the Business an Employer or Consultant ?	14 b. Amount of payment.		

Name or reson rung Eugene C. Rome, Jr.	FIS NUMBER 0-		
B Held an interest in or derived income or economic beriefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8 Name and address of Business (including trade name, i any) Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	9 Business deals with. a. Labor Organization b Trust c. Employer		
10 if 9.b or 9.c. is checked give trust or employer's name.	11 a. Nature of such dealing.		
Name Illinois State Painters Welfire Fund Trade Name, If any P.O. Box, Bldg. Room No., if any Suite 2019 Street 1000 Burr Ridge Parkway			
	11 b. Approximate dollar value cf such dealing.		
State IL ZIP Code + 4 60527-0845	12.a. Nature of interest held or income received. Reimbursement of expenses incurred attending Trustee meeting on 3-4-05. maleage_#141 75 Parking - #38 00 maals - #12 25 Taxis - #12.00 Tips - #6 00		
	12.b. Amount. 4207 00		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any			
P O Box, Bldg. Room No., if any			
Street			
Câty			
State ZIP Code + 4			
13.b is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filling Eugene C. Rome, Jr.	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name), if any)	9 Business deals with		
Name			
Trade Name if any	a Labor Organization		
PO Box Bidg Room No if any	C Employer		
Street	C. Employer		
City			
State ZIP Code: + 4			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Illinois State Parters Welfore Fund			
Trade Name if any			
PO Box, Bldg. Room No. if any Suite 200			
Street 1000 Burr Ridge Parkingy	11 b. Approximate dollar value of such dealing.		
City Burr Ridge.	12 a. Nature of interest held or income received		
State IL ZIP Code + 4 60527-0845	Illinois State Painters Welfare Fund paid		
	Marriott Chicago Southwest, 1200 Burr Ridge Parkway, Burr Ridge, IL for the Hotel room of Trustae, Eugene c Rome for the night of 6-2-05 who attended Trustee meeting		
	of Trustee, Eugene c Rome for the night		
	on 6-3-05 who attended Trustee meeting		
	12 b Amount // /37 33		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
Name			
Trade Name if any			
PO Box, Bldg Room No if any			
Street			
City			
State ZIP Code +4			

Name of Person Filling Eugene C. Rome, Jr.		File Number U-		
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8 Name and address of Business (including trade nam if any) Name OBA Midwest, L+d	9 Business deals with	dion		
PO Box Bidg Room No if any Suite 200 Street 1000 Burr Ridge Park, way	b Trust c. Employer			
City Burr Ridge State TL ZIP Code + 4 60527-0845				
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such deal			
Name Ellivois State Painters Welfare Fund Trade Name if any PO Box, Bldg Room No. if any Suite 2:00	OBA Midwest of the Trust Painters we	Fund, Illin		
Street 1000 Burr Ridge Parliway	11 b Approximate dollar val	us of cush declars	W 116 000 00	
City Burr Ridge	12 a Nature of interest he	•	116,000.00	
State TL ZIP Code: + 4 60537_0846	08A midwest 6-2-05 for Guests and	provided div the Trustees	sionals	
	12 b Amount.		125.43	
C Received from any employer (other than an employer covered under parts A and 8 above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.			
Name				
Trade Name if any				
PO Box, Bidg Room No if any				
Street				
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Con suttant?	14 b Amount of payment.			

Name of Person Filing Eugene C. Rome, Jr	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organize tion represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City	9 Business deals with a Labor Organization b Trust c. Employer		
State ZIP Code + 4			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name IlliNois State Painters Welfare Fund Trade Name if any PO Box, Bldg Room No. if any Suife 200			
Street 1000 Burr Ridge Park way	11 b Approximate dollar value of such dealing		
State FL ZIP Codi +4 60527-0845	12 a Nature of Interest held or income received Reimbursement of expenses incurred attending Trustee meeting ON 6-3-05. Mileage - 12860 meals - 13.12		
	12 b Amount.		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
Name			
Trade Name if any			
P O Box, Bldg Room No if any			
Street	<u> </u>		
City			
State ZIP Code: + 4			
13 b Is the Business an Employer or Consultant ?	14 b. Amount of payment.		

Name of Person Filling Eugene C. Rome, Jr.	File Number U-		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
Name			
Trade Name if any	a Labor Organization Trust		
P O Box Bidg Room No if any	c. Employer		
Street			
City			
State ZIP Codis+4			
10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Illinois State Painters Welfare Fund			
Trade Name if any			
PO Box, Bidg. Room No. if any Suite 200			
Street 1000 Burr Ridge Parkway	11 b Approximate dollar value of such dealing		
City Burr Ridge	12 a Nature of interest held or income received		
State TL ZIP Codi: + 4 60527-0845	Illinois State Painters Welfare Fund paid marriott Chicago Southwest, 1200 Burr Ridge Parkway, Burr Ridge, IL for the Hotel room of Trustee, Eugene C Romefor the night of 9-8-05 who attended Trustee Meeting on 9-9-05.		
	12 b Amount #131.79		
C Received from any employer (other than an umployer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment.		
Name			
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PO Box Bidg Room No if any			
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State ZIP Code + 4			
13 b Is the Business an Employer or Con ultant ?	14 b Amount of payment.		

Eugene C. Kome, Jr.	THO TOURNAL G		
B Held an interest in or derived income or economic b mefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name OBA Midwest, Ltd Trade Name if any PO Box, Bldg Room No if any Suite 200 Street 1000 Burr Ridge Parkway City Burr Ridge State TL ZIP Code +4 60527-0845	9 Business deals with a. Labor Organization b. Trust c. Employer		
10 If 9.b or 9 c. is checked give trust or employer's name. Name Ellivois State Painters W6 Fare Fund Trade Name, if any PO 80x, Bldg. Room No. if any Suite 200	11 a. Nature of such dealing. OBA midwest, Ltd is the Administrator of the Trust Fund, Illinois State Painters welfare Fund.		
Street 1000 Burr Ridge Parkway City Burr Ridge State TL ZIP Code + 4 60527-0845	11 b. Approximate dollar value of such dealing. 12 a. Nature of interest held or income received OBA Midwest provided dinner on 9-8-05 for the Trustees, Spouses, Guests and plan Professionals Dinner for Trustee _ 158.15		
	12.b. Amount. 458-15		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name Trade Name if any: P O Box, Bidg. Room No. if any Street City State ZIP Code 4	14 a. Nature of payment.		
13 b is the Business an Employer or Consultant?	14.b. Amount of payment.		

Name of Person Filing Eugene C. Rome, Jr.	File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from sell ng or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or sellin; or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name, if any) Name	9 Business deals with		
Trade Name if any	a Labor Organization Trust		
PO Box Bidg Room No if any	c. Employer		
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10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Illinois State Painters Welfore Fund			
Trade Name if any			
PO Box, Bidg Room No. if any Suite 220			
Street 1000 Burr Ridge Parisway	11 b Approximate dollar value of such dealing		
City Burn Ridge	12 a Nature of interest held or income received		
State TL ZIP Code + 460527-0845	Reimbursement of expenses incurred attending Trustee meeting on 9-9-05		
	mileage -4/29 60		
	meals - 4972		
	The same of the sa		
	12 b Amount. # 139.32		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (Including trade name, if any)	14 a Nature of payment		
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13 b is the Business an Employer or Cor sultant?	14 b Amount of payment.		

Name of Person Filling Eugene C. Rome, Jr.	File Number U-		
B Held an interest in or derived income or economic lienefit with monetary values substantial part of which consists of buying from selling or leasing to or otherword of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to or otherwise		
8 Name and address of Business (including trade name if any) Name Trade Name if any P O Box Bidg Room No if any Street City State ZIP Code + 4 10 If 9 b or 9 c is checked give trust or employer's name Name Til: Nois State Painters Welfare Fund	9 Business deals with a Labor Organization Trust c. Employer 11 a Nature of such dealing		
PO Box, Bldg. Room No. if any Suite 200 Street 1000 Burr Ridge Parkway			
	11 b Approximate dollar value of such dealing		
State ## ZIP Code: +4 60527_0845	Tilinois State Painters Welfare Fund paid the annual membershipfee for Eugene C. Rome to the International foundation of Employee Benefits for the year of 2006 on 10-15-05.		
	12 b Amount \$100.00		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.		
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13 b Is the Business an Employer or Con sultant?	14 b Amount of payment.		

Name of Person Filing Eugene C. Rome, Jr.	File Number U		
B Held an interest in or derived income or economic ixenefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any)	9 Business deals with		
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10 If 9 b or 9 c. is checked give trust or employer's name	11 a Nature of such dealing		
Name Illinois State Binters Welfare Fund			
Trade Name if any			
PO Box, Bidg. Room No if any Suite 200			
Street 1000 Burr Ridge Parkway	11 b Approximate dollar value of such dealing		
City Burr Ridge	12 a Nature of interest held or income received		
State IL ZIP Cod 3 + 4 G0527-084S	Reimbursed expenses incurred attending		
	Honolulu, Hawii 11-18-05-11-17-05 including		
	traveldays. Porters + Bell Boys \$27.00		
	Air-fare - 4779 54 maids 425.00		
	TFEBP Educational Conference in Honolulu, Hamis 11-18-05-11-17-05 including travel days. Porters + Beil Boys £27.00 Airfare - #779 54 maids#25.00 Hotel Room_#1,086 25 Transportation=8 Meals# 219 66 (Buses+Taylis-72-20)		
, <u> </u>	12 b Amount. 2, 209. 65		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employe any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a. Nature of payment.		
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13 b Is the Business an Employer or Cor sultant?	14 b. Amount of payment.		

Eugene C. Rome, Jr.	File Nu	under 0-	
8 Held an interest in or derived income or economic t enefit with monetary value from a business (1) a substantial part of which consists of buying from sellir g or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name if any).	9 Business deals with		
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10 If 9.b or 9.c. is checked give trust or employer's name.	11 a Nature of such dealing		
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Trade Name, if any			
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Street 1000 Burr Ridge Parking	11 b Approximate dollar value of suc	ch dealing.	
Chy Burr Ridge	12.a. Nature of interest held or inco		
State IL ZIP Code + 4 G0527-084S	Flinois state Painte	ers welfare Fund paid to lotel, 301 E. North water	
	Street, Chicago, I	L-for the Hotelroom	
	of Trustee, Eugen	e G. Rome forth e wight Headed Trustee meeting	
	of 12-1-05 who at ON 12-2-05.	ttended Trustce meeting	
	· · · · · · · · · · · · · · · · · · ·		
	12 b Amount.	# 218-10	
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relation: Consultant (including trade name, if any).	14 a. Nature of payment.		
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Trade Name, if any			
PO Box, Bidg Room No If any	The state of the s		
Street		ł	
Cây			
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13 b Is the Business an Employer or Consultant ?	14 b. Amount of payment.		

Name of Person Filing Eugene C. Rome, Jr.		File Number U-	
B. Held an interest in or derived income or economic lienefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8. Name and address of Business (including trade name), if any). Name Trade Name if any	9 Business deals with a. Labor Organization		
P O Box, Bidg Room No if any Street City ZIP Code +4	b. Trust		
10 If 9.b or 9 c. is checked give trust or employer's name. Name Illinois State Rinters Welfare Fund	11 a Nature of such deal	ing	
PO Box, Bidg. Room No. if any Suite 200			
Street 1000 Burr Ridge Parkway City Burr Ridge	11 b. Approximate dollar value of such dealing. 12 a. Nature of interest held or income received		
State IL ZIP Code + 4 G0527-0845	Reimbursement attending Trumileage _\$169 Parking _\$38. meals _\$4.28 Tayis _\$24.2 Tips _\$11.00	75 08 12 10	
	12.b Amount.	****	27/-37
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13 a. Name and address of Employer or Labor Relation: 3 Consultant (including trade name, if any)	14 a. Nature of payment.		
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13.b is the Business an Employer or Consultant?	14 b. Amount of payment.	· · · · · · · · · · · · · · · · · · ·	